

INVOICE FOR MEDICAL RECORDS

Date:

Nov. 17, 2010

To whom it may concern:

Per your request I have enclosed medical records for the following patient:

Patient's Name:

UH#:

DOB:

Sarah M. Keppers

Charge for records:

\$ 50.00

Please send payment for the medical records to:

University Hospitals Medical Group
Rainbow Babies and Children's Hospital
University Hospitals of Cleveland
11100 Euclid Avenue
Cleveland, Ohio 44106-6011

Tax ID: 20-4881619

Signature:

Pamela M. Howard

Title:

Pamela M Howard
Drs. Secretary I
Division of Pediatric Cardiology
Rainbow Babies and Children's Hospital
Phone: (216) 844-3528

Rev. 1/21/08

EXHIBIT

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